

Care To You Healthcare Limited

# Care To You Healthcare Limited

## Inspection report

5 Wickham Avenue  
Bexhill-on-sea  
TN39 3EP

Tel: 01424810253

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### Ratings

|                                 |                        |
|---------------------------------|------------------------|
| Overall rating for this service | Good ●                 |
| Is the service safe?            | Good ●                 |
| Is the service effective?       | Good ●                 |
| Is the service caring?          | Good ●                 |
| Is the service responsive?      | Good ●                 |
| Is the service well-led?        | Requires Improvement ● |

# Summary of findings

## Overall summary

About the service:

Care To You Healthcare Limited provides personal care to people living in their own homes in the community. It provides support to older people and younger adults with physical disabilities, learning difficulties, sensory impairments and people living with dementia. At the time of the inspection 5 people were receiving personal care.

People's experience of using this service:

Care To You Healthcare Limited has been registered with the CQC for one year. The service did not start supporting people with personal care in their own home until the beginning of March 2019. People and relatives were very positive about their experiences to date. People told us that the service was very professional, and they felt confident with the care and support from staff.

People's care documentation did not always record information about people's preferences in relation to their interests, hobbies, religious needs and end of life care wishes.

Opportunities to continuously learn, improve and innovate were not always evident as quality assurance systems had not been fully embedded. This included gathering feedback from people, staff, relatives and professionals about their experiences of the service to drive improvement.

People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

People received their medicines safely and on time. Staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received kind and compassionate care. People and relatives told us that staff treated them with kindness and we observed friendly interactions. A relative told us, "Staff have a good attitude and it was easy to build a good rapport with them. They treated us with utmost respect."

People received person centred care that was responsive to their needs and people and relatives knew how to raise a complaint.

Rating at last inspection: This was the first inspection of Care To You Healthcare Limited since it was registered by the Care Quality Commission (CQC) on 6 May 2018. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Well-Led findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

Details are in our Well-Led findings below

# Care To You Healthcare Limited

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out over two days by one inspector.

Service and service type:

Care To You Healthcare Limited is a domiciliary care service, which provides personal care and support services for a range of people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

What we did:

#### Before inspection:

- We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We reviewed notifications we received from the service about important events.
- We looked at Information sent to us from other stakeholders, for example the local authority and members of the public.
- We sought feedback from professionals who work with the service, including health professionals.

#### During the inspection:

- We spoke with two people who use the service, two relatives, the registered manager, administrator and two members of staff.
- We pathway tracked the care of two people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
- We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people were assessed and care plans detailed people's individual risks such as mobility, falls and supporting one person with oxygen.
- Risks associated with the safety of people's homes and equipment were identified and known to staff. For example, home appliances and what to do in the event of a fire. One member of staff told us, "I check the person's environment and check for any trip hazards."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm.
- Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures to the local authority.
- Staff received safeguarding training and knew the potential signs of abuse. Staff told us, they would document any changes in the person's physical appearance or behaviour and report to the registered manager. Staff were confident to call the emergency services if the person needed medical attention or if a crime had been committed.
- One person told us, "The staff are friendly and trustworthy and make me feel safe. I feel confident that they know what they are doing."

Staffing and recruitment

- There were enough staff to support people to stay safe and meet their needs. People and relatives told us, staff visited at the agreed times, they stayed for the allocated period and how they never felt rushed during their care call.
- Staff told us that changes to the rota were communicated by phone and that the office was very prompt at responding and informing staff about any changes to the rota.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
- We found that staff recruitment folders included, employment history checks, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as disclosure and barring Service (DBS).
- New staff completed an induction, this included shadowing the registered manager to ensure staff were safe and competent to work with people.

## Using medicines safely

- The provider ensured the proper and safe use of medicines by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe.
- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines.
- We checked the Medicine Administration Records in a person's home and found these were correctly recorded. One person told us, "I get my medication on time and I know what they are for."
- We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.

## Preventing and controlling infection

- People were protected from the risk of infection. People told us that staff always used personal protective equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "Yes, they put their gloves on when they assist me with personal care."
- Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes. One member of staff told us, "If someone had diarrhoea and sickness I would use protective clothing and a face mask. Increase the use of disinfectant to clean the area and equipment, change the persons bedding and clothing."

## Learning lessons when things go wrong

- At the time of inspection the service had only been providing personal care for eight weeks, however the registered manager and staff understood their responsibilities to raise concerns, record accidents, incidents and near misses. Staff told us, they would contact the registered manager straight away and complete an incident report form.
- The provider's policy and procedures supported this practice.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out a pre-assessment before people received care from Care To You Healthcare Limited. This assessment helped to form the person's care plan and to understand their care and support needs.
- The provider ensured staff supported people in line with their assessed needs and staff gave us examples of how people wanted to be cared for, including the choices they were making around their daily routines and personal care.
- People used technology to support their independence. Some people had access to technology such as tablets and mobile phones to keep in touch with friends, family and communicate with the service. Some people had other assistive technology such as a 'care pendent'. This meant that people could remain in their own homes, with the knowledge that they always have somebody to help them in an emergency.

Staff support: induction, training, skills and experience

- Staff completed an induction and training programme, and this covered key areas such as, moving and handling, safeguarding, medication and health and safety. Due to the service being so new the registered manager told us of imminent plans to support staff in achieving the Care Certificate and QCF level 3. These are recognised standards and qualifications in social care.
- The registered manager was very hands on and would often support staff at care calls and observe practice to check staff competency. The registered manager told us how they work with staff to identify individual training needs.
- People told us they thought staff were knowledgeable and skilled. One relative said, "We have found the staff to be very knowledgeable and experienced."
- The registered manager told us how they will be introducing supervision for staff. Staff told us, "I have lots of opportunities to speak to the registered manager and we have regular staff handovers."

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of inspection no one needed support with eating and meal preparation. Staff told us, that they always double checked if the person had eaten, offered cups of tea or coffee and ensured people had fresh water near them.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and relatives told us they were regularly updated if there were changes in their family member's health and wellbeing. One relative told us, "Staff supported my wife in an unforced way, they were empathetic and knew how to look after my wife. The carers always left my wife comfortable."
- People were often referred from Continuing Health Care to receive a service from Care to You if they were at the end stages of their life. A health professional told us, "The service has been great. They ensure that medication is collected from the GP and that regular reviews are undertaken. The registered manager keeps us up to date on a weekly basis about any changes in the person's condition."
- People were supported to live healthier lives and had access to healthcare services and support to receive ongoing healthcare and staff knew what procedures to follow if they had concerns about people's health.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA. The provider's policies and systems in the service supported this practice.
- At the time of inspection there was no one being supported who lacked mental capacity. However, staff ensured that people were involved in decisions about their care.
- Staff had a good understanding of MCA and were aware of their responsibilities to enable person-centred care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and were positive about the staffs' caring attitude. We received feedback from people and relatives which supported this. One person told us, "Staff know me very well and I am treated with kindness. It's my first experience of using a home care service and it is very good."
- Staff had developed positive relationships with people and we observed friendly and warm interactions at care visits between the staff and people. One relative told us, "Staff are kind and gentle with Dad and they can't do enough for him. They think of everything."
- Staff spoke affectionally about the people they supported and knew people well, which supported them to meet their needs.
- People were supported to maintain their identity and personal appearance, in accordance with their own wishes. For example, we observed one member of staff asking a person if they want to have a shave today.
- Staff knew people's preferences and used this knowledge to care for them in the way they liked. One member of staff told us, "One person spends a long time on their own, so we do what we have to do and then have a conversation with them, we talk about their country, birth place and family."
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected. One member of staff told us, "I take one lady to church and follow what people want to do, I respect their wishes and decisions." A relative told us, "Staff know we are a Christian family and they respect that."

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, as far as possible. One person told us, "The manager speaks to me about my care and support needs." A member of staff said, "We speak to family members every day with the person's permission to update them on issues or changes to the person."
- One relative told us, "Dad has got his wish to stay at home. He is calmer, and Mum and Dad can be together."
- People and relatives were involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals, such as GPs and specialist nurses, where possible.
- Relatives and people spoke highly about communication from the office which enabled them to be fully involved and understand the decisions made about their care.
- Staff adapted their communication to overcome communication barriers with people. One member of staff told us, "One person is a little deaf, so we speak face to face, so they can see our face and lips."

## Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected. Staff gave examples of how they respected people's privacy by ensuring they closed the door when supporting with personal care and kept people covered up to maintain their dignity.

One relative told us, "Staff are so respectful of Mum and Dad's home, they knock on the door and say excuse me every time they come into the room."

- Staff supported people to maintain their independence and a good understanding of the importance of people remaining independent. Staff told us, how they actively encouraged people to do as much as possible for themselves for example, washing, brushing their teeth and hair.
- People's private information was secure. Care documentation was held confidentially, and sensitive information was stored securely in the office which was locked when staff were not present.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Assessments were carried out before providing personal care and people's care needs were recorded to ensure staff knew how to deliver care and support. For example, people's care plans outlined the tasks that needed to be completed at each visit.
- Staff knew people well and explained how they got to know people and were led by their wishes and preferences. One member of staff told us, "I encourage people to take the lead, giving them choice and talk to them about what they feel they can achieve on the day. I support people at the person's pace." One relative told us, "The staff are really good at cheering Dad up and they always encourage him to do as much as possible."
- People told us that they felt staff knew them and their history. One person told us, "The staff are getting to know what my likes and dislikes are and know my history. Staff will have a conversation with me about my hobbies."
- The service supported one person to attend church to observe their faith.
- People's information and communication needs were identified. At the time of inspection there was no one using the service that required information in non-standard formats. The registered manager understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.

End of life care and support

- Staff supported people at the end stages of life. People were supported to make decisions about their preferences and wishes for end of life care.
- People were supported by staff who understood their diagnosis and were skilled and competent to support them. For example, if people needed oxygen to support them with their breathing. Staff were trained in giving oxygen and in ensuring the equipment was clean and maintained.
- People's religious beliefs were respected and a relative told us, how the registered manager and staff often brought things in for their relative to hold, such as, a cross and cards with kind words or different textures on to offer comfort.
- A relative explained how the registered manager would often make suggestions to the family, with regards to asking the GP for a review of medication to ensure the person was receiving the right dosages.
- People's wishes for resuscitation was recorded and known to staff. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.

## Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary.
- People had a copy of the complaint's procedure in their home. One person told us, "I would speak to the manager if I had any concerns or complaints."
- The service had not received any formal complaints in the short period it had been providing a personal care service. However, the registered manager had received one informal complaint about a carer. They dealt with the complaint immediately. A relative told us, "The manager was quick to respond, cancelling the carer and organising for the regular carer to come in. The family were very impressed with the prompt action taken."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Documentation did not always record information about people's preferences to show their interests, hobbies, religious needs related to protected equality characteristics and end of life care wishes. Whilst there were sections in the care plan to record this information the registered manager did not always facilitate these conversations with people to ensure person centred care was promoted. This is an area of practice that requires improvement.
- The registered manager was also the provider and placed high value on providing good quality care. One member of staff told us, "The manager will give us guidance on how to improve practice, she is an experienced nurse and often shares her knowledge with us."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Due to the service proving personal care to people for a short time, new quality assurance systems had yet not been fully embedded to gather feedback from people, staff, relatives and professionals about their experiences of the service. This meant that it was too early for quality assurance questionnaires to identify areas for improvement. The registered manager told us, that they were in the process of developing a feedback form which will be sent out later in the year. However, the registered manager told us that feedback is constantly sought verbally with people at care calls. Changes had been made based on people's feedback, including changing staff who support people if people were not happy.
- The registered manager considered staff's equality characteristics when scheduling care calls. For example, one member of staff attended church on a Sunday evening and would co-ordinate the rota to accommodate this.

Continuous learning and improving care

- Opportunities to continuously learn, improve and innovate were not evident at this early stage. The registered manager had some improvement plans in place to monitor overall actions and future

developments, following accidents, incidents and near misses. These had not been fully embedded to ensure sustainability within the service because there had not been any issues to date.

- The registered manager had systems in place to carry out quality assurance audits and told us they had not implemented these fully due to people's care packages being so new. Only one person required support with medication and no one using the service was at high risk of falls so there had been no incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities and spoke highly of working for the service. One member of staff told us, "The manager listens and respects me and is very supportive."

- Each staff member was given a 'staff handbook' which included key information, such as the values of the service, policies and procedures to support staff in understanding their role and responsibilities. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

- The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the service.

Working in partnership with others

- The registered manager and staff worked in partnership with healthcare professionals to promote positive outcomes for people. A health professional told us, "The service is very quick to support."

- A business continuity plan was in place to consider the actions required in the event of an emergency, such as office staff being unable to attend the office.

- The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC) and government initiatives.